

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO. _____		FILING DATE _____					
							APPLICANT(S) _____							
<b>CLAIMS</b>														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.		
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TOTAL IND.	15													
TOTAL DEP.	27													
TOTAL CLAIMS	40													
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS														